

Health Care Coverage Directory for People with Medicare



**Coverage choices that may
save you money including:**

- Federal and State Programs
- Private Insurance
- Military Coverage
- Other Resources



Important: The information in this booklet was correct when it was printed. Changes may occur after printing. For the most up-to-date version, look at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). A Customer Service Representative can tell you if you have the most up-to-date version. TTY users should call 1-877-486-2048.

Health Care Coverage Directory for People with Medicare explains health care coverage choices that may save you money through various programs and resources. It is not a legal document. Medicare program provisions are contained in the relevant laws, regulations, and rulings.

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Introduction

This resource directory tells you about a wide range of health care coverage choices that may help pay for some of your health care costs. These health care choices work with the benefits you have from Medicare. You might be able to:

- Get more health care coverage and
- Help to lower your out-of-pocket costs.

You should learn about all the different kinds of health care coverage choices even if you can get employer, union, military, or other health care coverage. What you choose will affect how much you pay, what benefits you may have, which doctors you can see, and other things that may be important to you.

In addition to finding information on health care coverage choices, this directory also provides you with websites related to help paying health care costs. If you don't have access to a computer, your local library or senior center may be able to help you find the information on their computers.

This directory is divided into four easy-to-read sections to help you find what you need. The four sections include:

1. Federal and State Programs
2. Private Insurance
3. Military Coverage
4. Resources on the Web

Federal and State Programs

Federal and state programs provide health care coverage to people who qualify at a low cost or at no charge. You must meet specific federal and/or state rules to get benefits.

Note: Medicare Savings Programs may not be available in Guam, Puerto Rico, the Virgin Islands, the Northern Mariana Islands, and American Samoa.

Medicare Savings Programs (Help from Your State)

There are programs that help millions of people with Medicare save money each year. States have programs for people with limited incomes and resources that pay Medicare premiums. Some programs may also pay Medicare deductibles and coinsurance.

You can apply for these programs if:

- You have Medicare Part A (Hospital Insurance). (If you are eligible for Medicare Part A but don't think you can afford it, there is a program that may pay the Medicare Part A premium for you.)
- You are an individual with resources of \$4,000 or less, or are a couple with resources of \$6,000 or less. Resources include money in a checking or savings account, stocks, or bonds and
- You are an individual with a monthly income of less than \$1,031, or a couple with a monthly income of less than \$1,384. Income limits will change slightly in 2004. If you live in Hawaii or Alaska, income limits are slightly higher.

Note: If your income is less than the amounts listed above, you may qualify for Medicaid. See Medicaid description on the next page.

For more information on Medicare Savings Programs, call your State Medical Assistance Office. Call 1-800-MEDICARE (1-800-633-4227) and ask for the phone number of your State Medical Assistance Office. TTY users should call 1-877-486-2048.

Important Note: Even if you are not sure you qualify for any of the Medicare Savings Programs, you should call to make sure.

If you use the web, go to www.medicare.gov and select “Helpful Contacts.” Select the state you want and select “Other Health Insurance Programs.” Select “View Results.” Go find the listing of agencies to the State Medical Assistance Office and your state’s phone number.

Medicaid

Medicaid is a joint federal and state program that helps pay medical costs for some people with limited incomes and resources. Most of your health care costs are covered if you qualify for both Medicare and Medicaid. Benefits in Medicaid programs vary from state to state. People with Medicaid may get coverage for nursing home care and outpatient prescription drugs that are not covered by Medicare.

To get more information on Medicaid, call your State Medical Assistance Office. Call 1-800-MEDICARE (1-800-633-4227) and ask for the phone number of your State Medical Assistance Office. TTY users should call 1-877-486-2048.

If you use the web, go to www.medicare.gov and select “Helpful Contacts.” Select the state you want, and select “Other Health Insurance Programs.”

The PACE Program (Programs for All-inclusive Care for the Elderly)

PACE combines medical, social, and long-term care services for frail people. PACE is available only in states that have chosen to offer it under Medicaid. To be eligible, you must meet the following criteria:

- Be age 55 or older,
- Live in the service area of a PACE program,
- Be certified as eligible for nursing home care by the appropriate state agency, and
- Be able to live safely in the community.

If you are enrolled in a PACE program, you may have to pay a monthly premium depending on your Medicare or Medicaid eligibility.

A team of health care professionals gives various services usually in a PACE center and includes home and transportation services. Other services include primary health services, physical and occupational therapy, social services, personal care and support services, nutrition counseling, and meals. The goal of PACE is to help people stay independent and living in their community as long as possible, while getting the high quality care they need.

For more information about PACE, you can also look at www.medicare.gov/Nursing/Alternatives/PACE.asp on the web, including PACE locations and telephone numbers.

To find out if you are eligible, to locate a PACE site near you, or for more information, call your State Medical Assistance Office. If you need the telephone number, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Federally Qualified Health Centers (FQHCs)

These are special health centers that can give you routine health care at a lower cost. FQHCs may include the following:

- Community health centers,
- Tribal health clinics,
- Migrant health services, and
- Health centers for the homeless.

To find the FQHC nearest you, look at www.medicare.gov on the web. Select “Helpful Contacts.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Ask for the telephone number of the Primary Care Association in your state.

Home- and Community-based Service Waiver Programs (HCBS)

The HCBS programs offer different choices to some people with Medicaid. If you qualify, you will get care in your home and community so you can stay independent and close to your family and friends. HCBS programs help the elderly and disabled, mentally retarded, developmentally disabled, and certain other disabled adults. These programs give quality and low-cost services.

To get more information on HCBS programs, services, and eligibility, call your State Medical Assistance Office. If you need the telephone number, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You can also look at www.medicare.gov on the web. Select “Helpful Contacts.” Select the state you want and select “Other Health Insurance Programs.”

State Children’s Health Insurance Program (SCHIP)

Free or low-cost health insurance is available now in your state for uninsured children under age 19. State Children’s Health Insurance Programs help reach uninsured children whose families earn too much to qualify for Medicaid, but not enough to get private coverage. Information on your state’s program is available through Insure Kids Now at 1-877-KIDS-NOW (1-877-543-7669). You can also look at www.insurekidsnow.gov on the web for more information.

Private Insurance

You may get health care coverage through a private insurance company if you would like extra coverage for services and items that are not covered by Medicare or any other health insurance you currently have. The cost of private health insurance can vary depending on the type of policy.

If you want health insurance from a private insurance company, it is important for you to think about the services you will need, how much it will cost, and how you will pay for it. You may also want to speak with a family member or someone you trust to see if it is a good choice for you.

Medigap Policies

The most common type of private health insurance that is sold with Medicare is called a Medigap policy. A Medigap policy fills the “gaps” in Original Medicare Plan coverage.

To learn more about Medigap policies, get a free copy of the *Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy*, CMS Publication No. 02110. To get your copy, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. In addition, you may go to www.medicare.gov on the web and select “Publications.”

Employee or Retiree Coverage from an Employer or Union

Call the benefits administrator at your or your spouse’s current or former employer or union. Ask if you have or can get health care coverage based on your or your spouse’s past or current employment.

Important Note: When you have retiree coverage from an employer or union, they manage this coverage. They may change the benefits or premiums, and may also cancel the coverage if they choose. **Caution:** If you drop your employer or union group health coverage, you may not be able to get it back. For more information, call your employer’s or union’s benefits administrator.

Long-term Care Insurance

Long-term care insurance is sold by private insurance companies and usually covers medical care and non-medical care to help you with your personal care needs, such as bathing, dressing, using the bathroom, and eating. Generally, Medicare does not pay for long-term care.

For more information about long-term care insurance, get a copy of *A Shopper's Guide to Long-term Care Insurance* from either your State Insurance Department or the National Association of Insurance Commissioners, 2301 McGee Street, Suite 800, Kansas City, MO 64108-3600.

For more information about the types of long-term care, get a free copy of *Choosing Long-term Care: A Guide for People with Medicare* (CMS Pub. No. 02223). Look at www.medicare.gov on the web. Select "Publications." Or, you can call 1-800-MEDICARE (1-800-633-4227) and ask for the phone number of your State Insurance Department. TTY users should call 1-877-486-2048.

COBRA Coverage

COBRA (The Consolidated Omnibus Budget Reconciliation Act of 1985) is a law that lets employees and their dependents keep their group health coverage for a time after they leave their group health plan under certain conditions. This is called "continuation coverage."

You may have this right if you lose your job, have your working hours reduced, or leave your job voluntarily. You may also have this right if you are covered under your spouse's plan and your spouse dies or you get divorced.

COBRA generally lets you and your dependents keep the group coverage for 18 months (or up to 29 or 36 months in some cases). You may have to pay both your share and the employer's share of the premium. In some cases, you may also have to pay an administration fee. This law only applies to employers with 20 or more employees. Some state laws require employers with less than 20 employees to let you keep your group health coverage for a time. You can call your State Insurance Department to find out if your state has this law or to get more information about group health coverage under COBRA. In most situations that give you COBRA rights, other than a divorce, you should get a notice from your benefits administrator. If you don't get a notice, or if you get divorced, you should call your benefits administrator as soon as possible.

Medicare and Continuation Coverage Under COBRA

If you already have continuation coverage under COBRA when you enroll in Medicare, your COBRA coverage may end. This is because the employer has the option of canceling the continuation coverage at this time. The length of time your spouse may get coverage under COBRA may change when you enroll in Medicare.

However, if you choose COBRA coverage after you enroll in Medicare, you can keep your continuation coverage. If you only have Medicare Part A when your group health coverage ends (based on current or active employment), you can enroll in Medicare Part B during a Special Enrollment Period without having to pay a higher Medicare Part B premium. This means you will have to sign up for Medicare Part B within eight months after your group health coverage ends or the employment ends, whichever is first. If you don't sign up for Medicare Part B during the eight-month period, you will only be able to sign up during the General Enrollment Period and the cost of Medicare Part B may go up. Under COBRA, the employer group plan may require you to sign up for Medicare Part B.

State law may give you the right to continue your coverage under COBRA beyond the point COBRA coverage would ordinarily end. Your rights will depend on what is allowed under the state law.

For more information on health insurance coverage under COBRA, call the benefits administrator at your or your spouse's current or former employer, or call 1-800-MEDICARE (1-800-633-4227), and ask for the phone number of your State Insurance Department.

If you use the web, go to the U.S. Department of Labor's website at www.dol.gov/dol/pwba?public/health.htm.

Hospital Indemnity Insurance

This kind of insurance pays a certain cash amount for each day you are in the hospital up to a certain number of days. Indemnity insurance doesn't fill gaps in your Medicare coverage.

Important: Remember, Medicare and any Medigap policy you have will most likely cover costs from any hospital stay you have. Therefore, you may not need this kind of insurance.

Specified Disease Insurance

This kind of insurance pays benefits for only a single disease, such as cancer, or for a group of diseases. Specified Disease Insurance doesn't fill gaps in your Medicare coverage.

Important: Remember, Medicare and any Medigap policy you have will most likely cover costs from any specific disease you have. Therefore, you may not need this insurance.

Military Coverage

Health care coverage may be available if you have served in the military. You also may be able to get health care benefits if you are a dependent of a currently active duty, retired, or deceased service person.

Veterans' Benefits

If you are a veteran, call the U.S. Department of Veterans Affairs at 1-800-827-1000 for information about veterans' benefits and services available in your area.

Military Retiree Benefits

TRICARE is a program for active duty and retired uniformed services members and their families. It includes TRICARE Prime, TRICARE Extra, TRICARE Standard, and TRICARE for Life. Medicare-eligible uniformed services retirees age 65 or older and certain family members have access to expanded medical coverage known as TRICARE for Life (TFL). You must have Medicare Part A and Part B to get TFL benefits.

In general, Medicare pays first for Medicare-covered services. If Medicare doesn't pay all of the bill, TRICARE might pay some of the costs as the second payer. TRICARE will also pay the Medicare deductible, coinsurance, and copayment amounts, and for any services not covered by Medicare that TRICARE covers.

For more information on the TRICARE programs, call 1-888-538-9552 or look at www.tricare.osd.mil on the web.

Resources on the Web

The web is an excellent tool for finding information on health care topics. In this section, you will find descriptions and links to valuable websites. These sites have information ranging from general health-related topics, like programs and services for seniors, to more specific information on long-term care and prescription drugs. If you don't have a computer, your local library or senior center may be able to help you find the information you need. Medicare does not sponsor these websites, but you may find them useful.

Access America for Seniors

The Access America for Seniors website is designed to help seniors conduct business online—easier and faster—with federal agencies.

Go to www.seniors.gov on the web.

American Association of Retired Persons (AARP) Consumer Resources

AARP is a non-profit, nonpartisan membership organization for people age 50 and over. It provides information and resources; advocates on legislative, consumer and legal issues; assists members to serve their communities; and offers a wide range of unique benefits, special products, and services for its members.

Go to www.aarp.org on the web.

Administration on Aging

The Administration on Aging (AoA) website provides a wide range of information to older Americans and their families as well as to those concerned about providing opportunities and services to enrich the lives of older persons. The AoA website has links to various state directories that help locate support services for older people on a local level, including the Directory of State Agencies on Aging, the Directory of State Long-term Care Ombudsman Programs, the Directory of Area Agencies on Aging, and the Eldercare Locator. The website also has information on retirement and financial planning, news releases, health topics for seniors, caregiver resources, and links to other websites.

Go to www.aoa.gov on the web.

Consumer

Consumer is the first website with one-step access to federal consumer information including information on health and health care quality.

Go to www.consumer.gov on the web.

FirstGov for Seniors

FirstGov for Seniors is the first government website to provide the public with easy, one-stop access to all online Federal Government resources and state websites for seniors. It also includes information on topics like health, travel and leisure, work and volunteer opportunities, education and training, and more.

Go to www.firstgov.gov on the web.

Healthfinder

The Healthfinder website is run by the U.S. Department of Health and Human Services. It offers consumer information from the Federal Government and its many partners.

Healthfinder can lead you to selected online publications, clearinghouses, databases, websites, and support and self-help groups, as well as government agencies and not-for-profit organizations that produce reliable information for the public.

Go to www.healthfinder.gov on the web.

Participating Physician Directory

The national Participating Physician Directory contains names, addresses, and specialties of Medicare participating physicians who have agreed to accept “assignment” on all Medicare claims and covered services. Assignment is an agreement between Medicare and doctors, other health care providers, and suppliers of health care equipment and supplies (like wheelchairs, oxygen, braces, and ostomy supplies). Using doctors and suppliers who agree to accept assignment can save you money. Assignment only applies if you are in the Original Medicare Plan. It does not apply if you are in a Medicare Managed Care Plan or Private Fee-for-Service Plan.

Go to www.medicare.gov on the web and select “Participating Physician Directory.”

Prescription Drug Assistance Programs

There are programs that may offer you discounts or free medication. For more information, look at www.medicare.gov on the web. Select “Prescription Drug Assistance Programs.” If you don’t have a computer, your local senior citizen or library may be able to help you get this information. Or, you can call 1-800-MEDICARE (1-800-633-4227) and ask for information about these programs. TTY users should call 1-877-486-2048.

Note: If you are considering signing up for your state's Prescription Drug Assistance Program and you haven't yet purchased a Medigap policy, get your Medigap policy before you apply for prescription drug assistance because after you get the assistance you may not be able to purchase a Medigap policy.

Social Security Administration (SSA)

The SSA website provides information on more than 570 topics in its searchable database. Some of the services you can complete online include the following: Apply for social security retirement benefits; request a replacement Medicare card; obtain 2003 cost of living information; replace, correct, or change your name on your Social Security card; get benefits information publications; request a Social Security statement; and find a local Social Security office.

Go to www.ssa.gov on the web.

Supplier Directory

The Medicare website has a new Supplier Directory that provides beneficiaries (or interested users) with contact information for Medicare participating suppliers in their area. The Supplier Directory includes the name, address, telephone number, and information on the specific type(s) of supply being offered by Medicare's participating suppliers.

Go to www.medicare.gov on the web and select "Supplier Directory."

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To get this booklet in English or Spanish, call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

Para obtener este folleto español, llame gratis al 1-800-MEDICARE (1-800-633-4227).
TTY 1-877-486-2048 para personas con impedimentos auditivos o del lenguaje oral.